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FOR ACTION

RECOMMENDATION TO THE EXECUTIVE BOARD

Control of iodine deficiency disorders

The Executive Director recommends that the Executive Board approve an amount of $4,955,000 from general resources, subject to the availability of funds, and an amount of $2,750,000 in supplementary funds, subject to the availability of specific-purpose contributions, to support national, regional and global activities to control iodine deficiency disorders for the period 1991 to 1995.

CONTENTS

		Paragraphs
I.	BACKGROUND	1 - 5
II.	PREVIOUS ACTIVITIES	6 - 9
III.	PROPOSED ACTION, 1991-1995	10 - 15

I. BACKGROUND

1. The term iodine deficiency disorders (IDD) denotes the spectrum of effects of iodine deficiency in a population. A diet of foods grown in iodine-deficient soil is the cause, and approximately 1 billion people, mainly in developing countries, are at risk, although IDD is also a serious problem in Europe. In pregnancy, iodine deficiency can cause spontaneous abortion or stillbirth. It interferes with the development of the foetus's brain and can cause brain damage in babies and infant deaths. In childhood, iodine deficiency can cause mental retardation, delayed motor development, growth failure or stunting, lack of energy, muscular disorders and paralysis, as well as hearing defects. Iodine-deficient adults lack energy, tire easily and are less productive. IDD is now identified as a major obstacle to socio-economic development in many communities.

2. IDD is now also recognized as the major preventable cause of mental deficiency. An estimated 20 million people suffer irreversible damage that could have been prevented.

3. Since some consequences of iodine deficiency are irreversible, the importance of preventive action as early in life as possible is underlined. In fact, the target group of highest priority is women before they become pregnant so that the infants they may eventually bear can be spared the consequences of IDD.

4. Effective low-cost technologies exist to prevent and control IDD. For example, the best long-term solution is the iodization of salt, but this takes time to establish and may not be practicable in remote areas. However, immediate protection is afforded by iodized oil administered orally or by injection. The addition of iodine to the water supply is also practicable in some areas. The costs of these interventions range from $.05 to $.25 per person per year.

5. At its 1990 session, the Executive Board endorsed the goal of the virtual elimination of IDD by the year 2000, and the World Health Assembly, at its forty-third session in May 1990, accepted a goal of eliminating IDD as a public health problem in all countries by the year 2000. The World Summit for Children in September 1990 endorsed the same goal.

II. PREVIOUS ACTIVITIES

6. UNICEF support for IDD control began in the 1960s, even before the term IDD was coined, with the provision of supplies, equipment and technical assistance for salt iodization in several countries in Asia and Latin America. At that time, the complexities of the problem and means of addressing it were not fully appreciated. The UNICEF Executive Director, addressing the International Union of Nutritional Sciences in Rio de Janeiro, Brazil, in 1978, declared, "Iodine deficiency is so easy to prevent that it is a crime to let a single child be born mentally handicapped for that reason".

7. In 1986, UNICEF, together with the World Health Organization (WHO) and the Government of Australia, supported the establishment of the International Council for the Control of Iodine Deficiency Disorders. The Council's objective is to support the development of national IDD control programmes through advocacy and technical assistance. The Council has established a global multidisciplinary network of some 300 experts; promoted meetings of regional working groups in Africa, Asia and the Middle East; supported training at the global and regional levels; provided consultancy services; and issued publications, including a regular newsletter.

8. At its 1989 session, the Executive Board approved a programme in the amount of $2.7 million for global and regional activities in support of IDD control (E/ICEF/1989/P/L.28) that, in cooperation with the Council, has made possible several of the Council activities. Moreover, it will provide continuing support into 1991 for training courses in Africa (English- and French-speaking), the preparation of a series of technical manuals and operational research relating to the optimal use of iodized oil and iodized water.

9. The programme's major commitment has been to the establishment of an International Training and Support Programme for the Control of Iodine Deficiency Disorders. This involves the collaboration of three centres in Atlanta, Georgia (United States): the Centres for Disease Control; the Emory University School of Public Health; and the Task Force for Child Survival at the President Carter Center. Internationally, the programme will assist countries to implement comprehensive epidemiological and laboratory monitoring programmes, coupled with appropriate interventions, for the control of IDD. The goal is to assist countries to develop the necessary technical expertise in laboratory and surveillance science to support the most effective management of their national IDD control programmes.

III. PROPOSED ACTION, 1991-1995

10. Attainment of the World Summit for Children goal of the virtual elimination of IDD by the year 2000 will require accelerated action by countries and agencies, including UNICEF. The Sub-Committee on Nutrition of the Administrative Committee on Coordination will have an important and strengthened role within the United Nations system for advocacy, coordination and advancement of knowledge, which UNICEF will support.

11. UNICEF will also continue to support the International Council for the Control of Iodine Deficiency Disorders as the international non-governmental organization (NGO) providing professional credibility, motivation and technical expertise in the area. Moreover, UNICEF hopes that other donors will support the Council, both directly and indirectly, following the lead of the Government of Australia, which has provided core support to the Council from the outset; the Government of Italy, which has supported programme development and operational research; and the Government of the Netherlands, which has supported the publications programme.

12. UNICEF cooperation with Governments in the planning, implementation and evaluation of IDD control programmes will normally be developed in the context of the country programming process. However, there is also a need for activities at global and regional levels, as well as for seed money at the country level, which is the subject of the present submission. An international conference will be held in 1995, towards the end of the period for which this submission is made, to review progress, halfway through the decade, towards the attainment of the goal of the virtual elimination of IDD and to identify areas for enhanced activity.

13. Proposed activities at global and regional levels include:

(a) Support of international conferences, regional seminars, consultations or technical working groups, etc., organized by the International Council for the Control of Iodine Deficiency Disorders or other bodies;

(b) Support for training and the preparation of training and advocacy materials;

(c) Support for operational research;

(d) Support to core activities of the Council and the International Training and Support Programme for the Control of Iodine Deficiency Disorders;

(e) Salary and support costs for a full-time senior adviser for IDD control to provide overall coordination of UNICEF activities in IDD.

14. Proposed activities at the country level include:

(a) An assessment of IDD prevalence and studies on related matters, e.g. the situation of the salt industry;

(b) The preparation of programmes for IDD control;

(c) Support for the establishment of monitoring and control centres.

15. The responsibility for implementing national control programmes, including the iodization of salt, the administration of iodized oil, etc., remains with Governments, often with initial assistance from UNICEF through its country programmes, and other bilateral donor support.

Breakdown of estimated annual expenditure

(In thousands of United States dollars)

	1991	1992	1993	1994	1995	Total
General resources						
Global and regional activities	150	1 145	870	770	770	3 705
Country activities	250	250	250	250	250	1 250
Subtotal	400	1 395	1 120	1 020	1 020	4 955
Supplementary funding						
Country activities	550	550	550	550	550	2 750
Total	950	1 945	1 670	1 570	1 570	7 705